



Mesa Parks, Recreation and Community Facilities Department
Fee Assistance Application

Parent/Guardian FULL Name _____

Street Address _____

(must be same address as on verification letter)

City _____ State Arizona Zip Code _____

Phone #1 (required) _____ Phone #2 _____

E-Mail Address _____

Total number of household family members: _____

Please list full name of all household members below (attach additional page if necessary):

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

I certify that all the information submitted is true and correct, and all names listed are family members residing in my home:

Signature of Parent/Guardian (Full Name)

Date

Verification with current date:

- ☐ Letter from MPS Food Services
- ☐ WIC verification
- ☐ Unemployment verification
- ☐ AHCCCS verification

Documents verified by: _____ Date: _____

Maricopa County Low-Income Guidelines
(Official Use Only)

Family Size	Income
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890